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PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Not yet known			
Filing Date	Concurrently herewith			
First Named Inventor	OPHARDT, Heiner			
Title	Manual or Pump Assist Fluid			
Group Art Unit				
Examiner Name				
Attorney Docket Number	P41303			

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City Toronto State Ontario Zip M4W 3J5							
Country Canada							
Telephone (416) 961-5000 Fax (416) 961-5081							
I am the:							
Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
SIGNATURE of Applicant or Assignee of Record							
Name HEINER OPHARDT							
Signature a. Dulicow							
Date 25th flanch 04							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
Total offorms are submitted.							

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PTO/SB/01 (10-00)
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	P41303	
		First Named Inventor	OPHARDT, Heiner	
		COMPLETE IF KNOWN		
		Application Number		
	— ·	Filing Date		
Declaration Submitted	OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Group Art Unit		
with Initial Filing		Examiner Name		

	As a below named inventor, I hereby declare that:							
	My residence, mailing address, and citizenship are as stated below next to my name.							
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
MANUAL OR PUMP ASSIST FLUID DISPENSER								
	the specification of which		, (7	itle of the Invention)				
	'							
	or is attached hereto			as I Inited	States Application	Number or PCT Internation	al	
	was filed on (MM/DD/YYYY)				Oldico / Application			
	Application Number		and was a		m [(if applicable).	
	I hereby state that I have reviewed amended by any amendment spe		derstand the c	ontents of the above id	,	n, including the claims, as		
	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.							
	Prior Foreign Application Number(s)	(Country	Foreign Filing Dat (MM/DD/YYYY)	e Priority Not Claimed	Certified Copy Attache YES NO	d?	
	2,432,814	Ci	anada	06/19/2003	0000	&		
	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							
	I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
	Application Number(s)		Filing Dat	e (MM/DD/YYYY)	number supplen	al provisional application s are listed on a sental priority data sheet /02B attached hereto.		
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[Page 1 of 2]
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DECLARATION — Utility or Design Patent Application

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NAME OF SOLE OR FIRST INV	ENTOR:			A petit	tion has been fil	ed for this unsigned inventor
Given Name (first and middle [if any]) Heiner Family Name or Surname OPHARDT						
Inventor's Signature Date 25 hgw 404						
Residence: City Vineland State ON Country CA Citizenship DE						
Malling Address 3931 Vineland Crescent						
Mailing Address						
City Vineland	_{State} Ont	ario		ZIP I	LOR 2C0	Country Canada
NAME OF SECOND INVENTOR	:			A peti	tion has been fi	ed for this unsigned inventor
Given Name (first and middle [if any])				Family or Sur		
Inventor's Signature						Date
Residence: City			State		Country	Citizenship
Mailing Address						
Mailing Address						
City	State			ZIP		Country
Additional inventors are being named		suppleme	ntal Additio		ntor(s) sheet(s) PT	Country O/SB/02A attached hereto.